

**EXHIBIT H**  
TO JOINT STATEMENT OF  
UNDISPUTED FACTS



## GENERAL LIABILITY NOTICE OF OCCURRENCE/CLAIM

AGENCY	PHONE (A/C. No. Ext.)	704-865-8584	OP ID CP	DATE (MM/DD/YYYY) 01/05/2006
Watson Insurance Agency, Inc. 245 E. Second Avenue P. O. Box 879 Gastonia NC 28053 Robert P. Watson - Trans Accts FAX 704-866-9866		NOTICE OF OCCURRENCE NOTICE OF CLAIM EFFECTIVE DATE COMPANY CODE:	DATE OF OCCURRENCE AND TIME 01/04/06 EXPIRATION DATE NAIC CODE: POLICY NUMBER ASCL1000204	AM PM PREVIOUSLY REPORTED YES X NO RETROACTIVE DATE CLAIMS MADE MISCELLANEOUS INFO (Site & location code) REFERENCE NUMBER
AGENCY CUSTOMER ID	SUB CODE CIRRU-1	CONTACT INSURED		

INSURED		NAME AND ADDRESS Cirrus Medical Staffing, LLC 4651 Charlotte Pk Dr., Ste 400 Charlotte NC 28217	NAME AND ADDRESS Greg Allen	WHERE TO CONTACT
RESIDENCE PHONE (A/C. No.) 800 299-8132	BUSINESS PHONE (A/C. No. Ext)	RESIDENCE PHONE (A/C. No.)	BUSINESS PHONE (A/C. No. Ext)	WHEN TO CONTACT

OCCURRENCE	AUTHORITY CONTACTED
LOCATION OF OCCURRENCE (Include city & state)	
DESCRIPTION OF OCCURRENCE (Use separate sheet if necessary)	See attached letter received by insured regarding medical malpractice issue. ---Please note that umbrella & GL coverage written thru Interstate Fire also.

POLICY INFORMATION		
COVERAGE PART OR FORMS (Insert form no. and edition dates)	GENERAL AGGREGATE   PROD/COMP OP AGG   PERS & ADV INJ   EACH OCCURRENCE   FIRE DAMAGE   MEDICAL EXPENSE   DEDUCTIBLE	PD SI
UMBRELLA EXCESS   X UMBRELLA   EXCESS CARRIER: Interstate XSP-1100100   LIMITS: AGGR	PER CLAIM/ACC	SIRO DED

TYPE OF LIABILITY				TYPE OF PREMISES	
PREMISES: INSURED IS	OWNER	TENANT	OTHER		
OWNER'S NAME & ADDRESS (If not insured)				OWNER'S PHONE (A/C. No. Ext.)	
PRODUCTS: INSURED IS	MANUFACTURER	VENDOR	OTHER:	TYPE OF PRODUCT	
MANUFACTURER'S NAME & ADDRESS (If not insured)				MANUFACTURER'S PHONE (A/C. No. Ext.)	

WHERE CAN PRODUCT BE SEEN?	GL written thru Interstate Fire--GL111120439		
OTHER LIABILITY INCLUDING COMPLETED OPERATIONS (Explain)			

INJURED/PROPERTY DAMAGED				
NAME & ADDRESS (Injured/Owner)	Marilyn Tracy action brought by Ben Tracy		PHONE (A/C. No. Ext)	
AGE	SEX	OCCUPATION	EMPLOYER'S NAME & ADDRESS	PHONE (A/C. No. Ext)
DESCRIBE INJURY See attached			WHERE TAKEN	WHAT WAS INJURED DOING?
FATALITY	ESTIMATE AMOUNT		WHERE CAN PROPERTY BE SEEN?	WHEN CAN PROPERTY BE SEEN?
DESCRIBE PROPERTY (Type, model, etc.)				

WITNESSES			
NAME & ADDRESS		BUSINESS PHONE (A/C. No. Ext)	RESIDENCE PHONE (A/C. No.)

REMARKS			
REPORTED BY email/Greg Allen	REPORTED TO Rob Watson	SIGNATURE OF INSURED	SIGNATURE OF PRODUCER Robert P. Watson - Trans Accts

NOTE: IMPORTANT STATE INFORMATION ON REVERSE SIDE © ACORD CORPORATION 1986